

**In the United States Patent and Trademark Office**

In re PATENT APPLICATION of: Robert E. Grove

Application No.: 10/783,603

Group Art Unit: 3735

Filed: 2/19/2004

Examiner: Shay, David M

Title: Eye Safe Dermatologic Treatment  
Apparatus and Method

Date: November 15, 2007

**REQUEST FOR REFUND**

Asst. Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant herewith requests a refund/credit of US \$180.00 in the connection with the above referenced matter.

On 11/13/2007, Applicant filed an IDS in the referenced matter. As required under § 1.97(e), Applicants, through the undersigned, certified that no item of information contained in the Information Disclosure Statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the undersigned, who signed the certification after making reasonable inquiry, no item of Information contained in the information Disclosure Statement was known to any individual designated in § 1.56(c) more than three months prior to the filing of the Information Disclosure Statement. As a result, no fees were due for the filing of the IDS.

However, during the e-filing process, the wrong box was checked, causing the deposit account of the undersigned to be debited as though a fee had been due.

Therefore, applicant hereby requests a refund to be credited to Deposit Account 50-3576. A copy of the Deposit Account Statement is attached hereto as **Exhibit A** showing the erroneous charge of \$180 for the referenced application.

Please feel free to contact the undersigned with any questions you may have.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "James E. Eakin", with a stylized flourish at the end.

James E. Eakin  
Reg. No. 27,874  
Attorney for Applicants  
**Customer No. 54412**

Law Offices of James E. Eakin  
855 Oak Grove, Suite 107  
Menlo Park, CA 94025  
650-326-4350



**United States  
Patent and  
Trademark Office**



**Deposit Account Statement**

<b>Requested Statement Month:</b>	November 2007
<b>Deposit Account Number:</b>	503576
<b>Name:</b>	LAW OFFICES OF JAMES E EAKIN
<b>Attention:</b>	CORA BALITON
<b>Street Address 1:</b>	P O BOX 1250
<b>Street Address 2:</b>	
<b>City:</b>	MENLO PARK
<b>State:</b>	CA
<b>Zip:</b>	94025
<b>Country:</b>	UNITED STATES

DATE	SEQ	POSTING	ATTORNEY	FEE	AMT	BAL
		REF TXT	DOCKET NBR	CODE		
11/13	5826	11121559	072956-0315939	2253	\$525.00	\$4,243.00
11/13	5827	11121559	072956-0315939	2401	\$255.00	\$3,988.00
11/14	5426	10783603	2502187-991200	1806	\$180.00	\$3,808.00
11/14	5533	10787969	2502187-991600	1806	\$180.00	\$3,628.00
11/14	5738	10794504	2502187-991800	1806	\$180.00	\$3,448.00
11/14	5854	10794676	2502187-991700	1806	\$180.00	\$3,268.00
11/14	5953	11829747	354806-991100 (DIV)	1806	\$180.00	\$3,088.00
11/14	6032	11157275	354806-992000	1806	\$180.00	\$2,908.00
11/14	6072	10787720	2502187-991500	1806	\$180.00	\$2,728.00
11/14	6109	11545963	354806-991300-CONT	1806	\$180.00	\$2,548.00
11/14	6146	10788167	2502187-991400	1806	\$180.00	\$2,368.00

START	SUM OF	SUM OF	END
BALANCE	CHARGES	REPLENISH	BALANCE
\$4,768.00	\$2,400.00	\$00	\$2,368.00

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